

PSJ3

Exhibit 505

Notes on CRT Meeting 1/19/07
Participant Feedback

<u>Person speaking/Company</u>	<u>Comments</u>
	<u>Problems</u>
Pam Bennett/Purdue	Pay attention to the standards from the Office of Inspector Generals (OIG). Be careful of your legislative work. Congress is looking at the role of nonprofits with Industry. All of industry will be under investigation soon. With less money available, industry scrutinizes each proposal – hesitates- the lines keep changing.
Stacy Beckhart/Cephalon	The threat of oversight limits our ability to take risk. Most of this however relates to promotional practice – something that promotes their product.
Jim Campbell/Board	Advocate for policies that push back on zealous oversight of government. The doctor patient relationship is threatened. The federal government is like a third party in the exam room.
StacyB./Ceph	The Inspector Generals at the state level are driving this. Attorney's general are pushing this as a consumer issue. Use your advocates to push back on this within the states.
Sally/Wyeth	Now sales reps. can't disseminate materials because the rules have changed. If it's not proven scientifically, you can't put it out there.
Peg McCormick/Novartis	They can support general funding for events, not educational materials.
All	They agree that it depends on the company. Different rules for each company.
Peg/Novartis	We want you to survive... we want to work with patient advocacy groups and would much rather fund a program.
Lonnie/Board	So few drugs out there for pediatric pain – we have to find other pathways to support this effort.
James Carr/Anesiva	Can't fund something that advocates off label use of a drug. Can't fund a group that promotes off label drug use.
Pam/Purdue	Some companies have established online grant systems – they don't want anyone inside to be seen as shepherding it through or favoring it. No ties. Some states are enacting lobbying legislation that may impact our mobilization campaign. Electronic health record/CMS – won't fund off label use of pain meds.

Solutions?

Sally/Wyeth Each company is unique at what they can and cannot do. Learn the companies.

Kevin LaWall/GSK Get in at the right level for a grant request.
 Describe it in vague terms that give you leeway.
 Talk to me about it before it goes in. Once it goes in, I don't see it again and can't defend it.

James Carr/Anesiva I used to work for GSK – converse with someone who knows what you should and shouldn't do before the grant goes in. Get guidance. You have to know where the landmines are.

Cathy/GSK We won't fund advocacy. Take it to a policy group. Take the advocacy out.

Kevin/GSK We can do patient education – membership increase – awareness raising. Get to know the buzz words.

Stacy/Cephalon You need multiple sponsors for something. The Tx Options was good that way.
 Broad industry support spreads a safety net.
Set up an event to be sponsored.

Pam/Purdue **Look at in-kind services.** Print shop, PR firm, legal support, connections to boards of other organizations that they might be on.

Jim Campbell/Board We want to board build. Help us with linkage and identification of candidates.
 We want to evolve to a consumer dominated board.

Sally/Wyeth Re. the celebrity issue – look at author of *Tuesdays with Morrie* and/or sports figures.

Micke/staff Can you support Amazon – tell your employees to shop and support us?

Michael Jones/Abbot Yes

Cathy/GSK Yes, but this sort of giving is competitive internally. United Way giving programs etc.

Sally/Wyeth During Pain Awareness Month we could send out info. to people in our company then. For more info. go to www... We have 4,800 people in one building.

Micke/staff Could we do Public Listenings in your buildings?

GSK Yes

Mike Jones/Abbot We have a campaign about giving every year – you could set up a booth.

Kevin/GSK The spotlights are a great idea – do one on **back pain!**

Stacy/Cephalon Do something on **why use opioids on non-cancer patients**. Do something on **access issues!**

Wendy Toler/Alpharma Managed care is such a big issue. **Use the pharmacies for distributing info.**

Kevin/GSK **During pain month, do a one day or one week blast with pharmacies.** Show what's in it for them. Look for ways that they can donate.
Charge a membership fee for access to your patient population. Companies will charge it to market research. Tell them what they can ask your consumers about. Use new media (bloggers, buzz marketing, viral marketing).

Notes on the CRT Panel feedback

Pam Bennet/Purdue Had uncle with metastatic cancer and pain. He was afraid of addiction to pain meds. Clinician didn't take time to address anticipated issues.

Pam Balthazar/Medtronic We need to arm patients with questions they need to ask. Pay attention to both sides of the equation.

Kate/King Pharma There is not enough time in the managed care system. Patients give doctor too much credit. They are afraid.

Jim/Purdue Fear of addiction. The voices of constituents are not heard enough.

Stacy/Cephalon Breakthrough pain not a known term. Healthcare professionals and patients don't speak the same language. Both parties are frustrated and the result is poor care. Need a symposium – partnership directed toward clinicians.

Maggie/APF Need to add pharmacies to the picture. A triad – doctor, patient, pharmacy.

Scott/Board We need initiative – that this is part of a physician's role to explain to patients how to tell their doctor that they are hurting.

Sally/Wyeth Make sure you add nurses to this – teach them to be concrete in their communications.

Pam/Purdue Maybe an AMA campaign.

Scott/Board Need providers and consumers on the same page and working together.

Joan Teno/Board How to efficiently use the time you're given. Give patients a handout and ask them to take this to their physician – here's what to ask.

Marty/Board Educate physicians, insurers, managed care. Payback for non invasive techniques not good. Education of non pain physicians important too.

Sally/Wyeth Pitney Bowes is working on health of employees – did an internal survey of pain. Fund continuing education. Put a pain patient on their CD program. They have preferred vendors of med. Education. They'll give us their names and maybe we can collaborate with them.

Scott/Board Need a national CME program for patients.

Lonnie/Board You need motivators – CME's are required. Patients are the largest motivators for change. Educate the public to find other physicians. Patient's job isn't to be liked, it's to get pain care. Get Continuing Patient Education – give patients workshops.

Scott/Board It's become an adversarial model (patient and physician) – it's another reason to hate the patient. Doctors come out without the skills. There isn't the culture to deal with this.

Theresa/APF Train and educate the physicians.

Sally/Wyeth Med Ed person (was at Purdue): Samantha Cap, Center for Healthcare Ed.
1-800-260-4378 ext. 215
She knows Sally.

Lisa Miller at Purdue – did Med Ed programs in Wisconsin. Purdue has online Med Ed.

Stacy/Cephalon Coding and assessment of pain needed.

*note, talk to Craig at Wyeth re. grant wording.